FI 40A 6/2001 Division of Finance



Employee Name	e:		Title:	
Employee Numl	ber:		Payroll Period:	
Agency Code:	270	Low Ora:	Diet ·	

## PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .27 PER MILE

Date (mm/dd/yy)	From (location)	To (location)	Beginning Mileage	Ending Mileage	Miles Driven	Fund	Agency	Low Org	Approp Unit	Activity	Reptg Catg	Project/ Job	Business Purpose of Miles Driven
(min/dd/yy)	(location)	(iocation)	Willicago	Willeage	Diivon				OTHE		Carg	000	Of Miles Bliven
				<b>Total Miles</b>		X \$.27 =							
I hereby certify that this mileage was incurred on official State business and that the amounts are correct and proper.													
					<u>.</u>					Dept. of Health			
Signature of Traveler				Date				Agency Name Division					

Reviewed and Approved - Agency Head/Immediate Supervisor Signature

Payroll Clerk - Initial and Date